

**Fill in this information to identify your case:**

Debtor 1 Michael A. Gral  
First Name Middle Name Last Name

Debtor 2  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: EASTERN DISTRICT OF WISCONSIN

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

**B 104****For Individual Chapter 11 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims Against You and Are Not Insiders**

If you are an individual filing for bankruptcy under Chapter 11, you must fill out this form. If you are filing under Chapter 7, Chapter 12, or Chapter 13, do not fill out this form. Do not include claims by anyone who is an insider. Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20 percent or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Also, do not include claims by secured creditors unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information.

**Part 1: List the 20 Unsecured Claims in Order from Largest to Smallest. Do Not Include Claims by Insiders.****Unsecured claim**

<b>1</b> <b>Park Bank</b> 7540 W. Capitol Drive Milwaukee, WI 53216   <b>Bryan Swanson</b>  Contact  <b>414-616-4426</b> Contact phone	<p>What is the nature of the claim? <u>Guarantee of Loan</u> \$ <u>\$10,395,000.00</u></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply</p> <p>Does the creditor have a lien on your property?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured) \$ _____</p> <p>Value of security: - \$ _____ Unsecured claim \$ _____</p>
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<b>2</b> <b>SB1 Cedarburg, LLC</b> c/o Corporation Trust Center 1209 Orange Street Wilmington, DE 19801   <b>Neal H. Levin, Esq.</b>  _____	<p>What is the nature of the claim? <u>Judgment</u> \$ <u>\$2,679,000.00</u></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply</p> <p>Does the creditor have a lien on your property?</p> <p><input checked="" type="checkbox"/> No</p>
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Debtor 1 Michael A. Gral Case number (if known) \_\_\_\_\_

Contact ☐ Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_  
312-360-6000 Value of security: - \$ \_\_\_\_\_  
Contact phone Unsecured claim \$ \_\_\_\_\_

**3** What is the nature of the claim? \$ \$2,158,849.00

**Cadles of Grassy Meadows II,  
LLC  
100 N. Center Street  
Newton Falls, OH 44444**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No  
☐ Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

Contact

Contact phone

**4** What is the nature of the claim? Judgment \$ \$1,748,787.00

**Bielinski Bros. Builders, Inc.  
N16 W23377 Stone Ridge Drive  
Waukesha, WI 53188**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No  
☐ Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

**Sean O'D. Bosack, Esq.**

Contact

**414-273-3500**

Contact phone

**5** What is the nature of the claim? Guarantee of Loan \$ \$1,062,226.00

**Town Bank  
850 W. North Shore Drive  
Hartland, WI 53029**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No  
☐ Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

**Michael Fitzsimmons**

Contact

**262-369-8806**

Contact phone

**6** What is the nature of the claim? \$ \$591,556.00

Debtor 1 Michael A. Gral Case number (if known) \_\_\_\_\_

American Bank  
676 W. Johnson St.  
Fond Du Lac, WI 54935

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

Randy Lorenz

Does the creditor have a lien on your property?

- ☒ No  
☐ Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

Contact

262-523-5719

Contact phone

7

TCF National Bank  
500 W. Brown Deer Road  
Milwaukee, WI 53217

What is the nature of the claim? Guarantee of Loan \$ \$529,302.00

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No  
☐ Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

Michael Roidt

Contact

414-351-8368

Contact phone

8

Estate of Peter Margolis  
c/o Nancy Cigno Margolis, P.R.  
P.O. Box 530277  
Miami, FL 33153

What is the nature of the claim? Guarantee of Loan \$ \$359,674.00

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No  
☐ Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

Contact

Contact phone

9

Gibraltar Bank  
200 S. Biscayne Blvd.  
Suite 2850  
Miami, FL 33131

What is the nature of the claim? Guarantee \$ \$164,406.00

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

Debtor 1 Michael A. Gral Case number (if known) \_\_\_\_\_

305-858-2900

Contact phone

Unsecured claim

\$ \_\_\_\_\_

**13**

**Bank of America**  
**P.O. Box 351001**  
**Dallas, TX 75285**

What is the nature of the claim?

Credit Card Debt

\$ \$32,451.00

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No  
☐ Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_

Contact

414-732-9194

Contact phone

Value of security: - \$ \_\_\_\_\_

Unsecured claim \$ \_\_\_\_\_

**14**

**Thomadsen & Hoeschen, LLC**  
**River Bank Plaza**  
**740 N Plankinton Avenue, Suite**  
**430**  
**Milwaukee, WI 53203**

What is the nature of the claim?

\$ \$21,000.00

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No  
☐ Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_

Contact

414-276-4080

Contact phone

Value of security: - \$ \_\_\_\_\_

Unsecured claim \$ \_\_\_\_\_

**15**

**Citibank N.A.**  
**American Express**  
**P.O. Box 6500**  
**Sioux Falls, SD 57117**

What is the nature of the claim?

Credit Card Debt

\$ \$19,200.00

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No  
☐ Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_

Contact

800-347-4934

Contact phone

Value of security: - \$ \_\_\_\_\_

Unsecured claim \$ \_\_\_\_\_

**Part 2: Sign Below**

Under penalty of perjury, I declare that the information provided in this form is true and correct.

X  X \_\_\_\_\_

Debtor 1 Michael A. Gral Case number (if known) \_\_\_\_\_

**Michael A. Gral**  
Signature of Debtor 1

Signature of Debtor 2

Date 2/20/16

Date \_\_\_\_\_